

FILLED NOV 17 1941

Registration District No. **20**

Primary Registration District No. **3002**

Registrar's No. **167**

1. PLACE OF DEATH:

(a) County Andrew Co.  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Andrew County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 5 days years, months or days)

3. (a) PRINT FULL NAME Ruthert Crump

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Lusie Weeks Crump 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 13 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Callaway, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Frances Slack  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Crump  
(b) Address Williamsburg, Mo  
17. (a) Buried (b) Date thereof 10-4-41 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Autizee

18. (a) Signature of funeral director Autizee  
(b) Address Williamsburg, Mo  
19. (a) October 2-41 (b) Blanche Neely (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Williamsburg, Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Williamsburg R 7 D (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1941 hour \_\_\_\_\_ minute 3:20 M.

21. I hereby certify that I attended the deceased from Sept 28 1941 to Oct 2 1941; that I last saw him alive on 10-1-41 and that death occurred on the date and hour stated above.

Immediate cause of death Pleto nephritis  
Due to Hypertension

Other conditions Cerebral hemorrhage  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Frank Talley (M. D. or other) MD  
Address Mexico, Mo Date signed 10/2/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 11-41-2058

Date Filed NOV 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by with  
2 May Oct 1941, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

[Signature]  
Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.